

C.S.A. MONITORING: OFF-SITE REVIEW SCORESHEET

Date:

Funding Amount:

Agency Name:

Agency Fiscal Year:

A. OFF-SITE REVIEW SUMMARY:

(Each "No" response indicates findings in that area. See "Off-Site Scoring Summary" section below for more information) (Items 1-15 require agency information and/or documentation)

- | | | |
|-----|---|--|
| 1) | Copy of current insurance on file (all required types)? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 2) | Documentation of not for profit status on file? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 3) | Copy of current State of Florida Tax exemption on file? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 4) | Copy of current Federal Tax exemption on file? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 5) | Copy of current "Solicitation of Contributions" eligibility on file? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 6) | Copies of all board meeting minutes (current contract only Oct-present)? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 7) | Copy of most recent annual report? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 8) | Submitted completed copy of "Agency Funding Information" by deadline? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 9) | Submitted completed copy of "Agency Data Sheet" by deadline? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 10) | Provided copies of the results of all program audits and monitoring sessions conducted by other funding sources? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 11) | Provided timely information on any formal/written complaints, grievances, lawsuits, etc.? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 12) | Copies of current licenses, credentials, certificates, inspections, etc. that are required and/or held by the agency? (See Agency Data Sheet for examples) | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 13) | On a scale of 1-5 (1=Very Good, 2=Good, 3=Avg, 4=Below Avg., 5=Poor), does agency have clearly defined, understandable & meaningful outcome measures (As defined in Logic Model)? | _____ |
| 14) | Is there documentation (in Quarterly Logic Model) of program success? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 15) | Provided documentation of making Changes(C) from previous year's review? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 16) | Documentation that agency is on track to meet contracted service goal? (As stated in Exhibit A of contract) | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 17) | If current funding level reflects an increase in funding over previous year's funding award, has the agency demonstrated an increase in service level or justified an increase in cost? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
| 18) | Is the cost per unit of service reasonable & comparable to the industry standard? | N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |

TOTAL "OFF-SITE" SCORE:

B. OFF-SITE SCORING SUMMARY:

(Basic (B) = 1 point; Moderate (M) = 2 points; Urgent (U) 3 points).

ID#	TYPE (B,M,U)	NO.	POINTS	DESCRIPTION

C.S.A. MONITORING: OFF-SITE REVIEW WORKSHEET

* For agency to review and use as guideline for submitting required/scorable documentation during the contract year. Agency is responsible for making sure all items are satisfied. Failing to comply with off-site review items will impact your agency's Overall Monitoring Score. Submit completed copy of this form to CSA Program Manager prior to scheduled "on-site review" or by 5-1-02.

1. Submit documentation of all current insurance required of your agency
(must have documentation of current insurance on record throughout the contract term. Failure to maintain current insurance could interfere and/or delay monthly reimbursement)

Insurance Type:	Required by your agency?	Expiration date:
_____ General Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____ Workers Compensation	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____ Auto liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____ Directors & Officers	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____ Professional	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____ Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

COMMENTS: _____

2. Documentation of current not-for profit status on file? N/A ☐ Y ☐ N ☐

FINDINGS: (B) _____ (M) _____ (U) _____

3. Documentation of current State of Florida Tax exemption on file? N/A ☐ Y ☐ N ☐

FINDINGS: (B) _____ (M) _____ (U) _____

EFFECTIVE DATE: _____
EXPIRATION DATE: _____

COMMENTS: _____

4. Documentation of current Federal Tax exemption on file? N/A ☐ Y ☐ N ☐

FINDINGS: (B) _____ (M) _____ (U) _____

COMMENTS: _____

5. Documentation of current “Solicitation of Contributions” eligibility? N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

EFFECTIVE DATE: _____
EXPIRATION DATE: _____
COMMENTS:

- 6) Copies of all Board meeting minutes for current contract term? N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

Number of meetings held to date (since October 1st):
When does your board usually meet (1st Tuesday of month, etc)? _____

	Meeting date:	Copy?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

COMMENTS:

- 7) Copy of most recent annual report? N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

COMMENTS:

- 8) Submitted completed copy of “Agency Funding Information” form? N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

COMMENTS:

- 9) Submitted completed copy of “Agency Data Sheet” N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

COMMENTS:

- 10) Provided copies of the results of all program audits and monitoring (as stated in "Agency Funding Information" form - #8) N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

FUNDING SOURCES CONDUCTING AUDITS & MONITORINGS:

Funding source	Copy?	Findings?
	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

COMMENTS:

- 11) Provided information on any formal/written complaints, grievances, N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

COMMENTS:

- 12) Documentation of current licensing, credentials, certificates, inspections (Health Dept, fire dept, Dept. of Agriculture, accrediting agencies, Dept. N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

COMMENTS:

TYPES OF CREDENTIALS & LICENSING REQUIRED BY THIS AGENCY	CURRENT?
1.	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

COMMENTS:

- 13) On a scale of 1-10 (1=best score, 10=worst score), does agency have clearly defined & meaningful outcome measures (As defined in Logic Model)?

FINDINGS: (B)____ (M)____(U)____

COMMENTS:

- 14) Is there documentation (in Quarterly Logic Model) of program success? N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

	OUTCOME MEASURE:	SUCCESSFUL?
1.		N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
2.		N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3.		N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4.		N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5.		N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

COMMENTS:

- 15) Changes(C) made from previous year's review? N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

Change(C) required:	Change made?	How change was made:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

COMMENTS:

- 16) Documentation that agency is on track to meet contracted service goal (as stated in Exhibit A of the contract) N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

A.	Number of total Svcs. Contracted:	
B.	Number of Svcs Provided to date:	
C.	Percent of Svcs provided to date:	
D.	Percent of Contract term completed:	
E.	More than 10% point difference?	

COMMENTS:

- 17) If current funding level reflects an increase in funding over previous year's funding award, has the agency demonstrated an increase in service or justified an increase in unit cost? N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

UNIT = _____

	BCC Award (\$)	Service Goal (in units)
Current Contract Term		
Previous Contract Term		

COMMENTS:

- 18) Are Unit Costs reasonable & comparable to the industry standard? N/A ☐ Y ☐ N ☐

FINDINGS: (B)____ (M)____(U)____

UNIT:	Unit Cost	Standard (or comparable service provider):	Standard cost:
Unit Cost reasonable & comparable to standard?		Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to verify <input type="checkbox"/>	

COMMENTS: